

Menopausal Changes and its Health Implication on Productivity of Female Teachers in Eku Community

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Abstract

Menopausal changes alter the function of the woman's body resulting in menopausal systems termed menopausal syndrome. As a woman ages estrogen levels drop dramatically during pre-menopause and brings about a lot of significant changes in the woman's life. The purpose of this study was to explore menopausal changes and how it affects the productivity of female teachers. A total of 100 female teachers in public schools in Eku community, aged 45 - 60 years were involved in the study. Data was collected with a self structured questionnaire which was validated by available literature on the topic to know about menopausal changes and how it affects the productivity of female teachers. The data collected were presented in tables, and the hypothesis with the use of chi-square statistical tool was deduced. The results revealed that menopausal changes have varied health implications on most women which reduce their productivity. It was therefore recommended that emphasis should be placed on health education and sensitization on the health implications of menopausal changes in order to reduce the impact of menopausal changes on the productivity of female teachers and women generally. Further recommendations and implication to healthcare providers were made in relation to menopausal changes and its health implication on the productivity of female teachers.

Keywords: Menopausal Changes; Health Implications; Productivity; Syndrome; Pre-Menopause

Introduction

Menopausal changes and the health implication is a global concern in the world at large, affecting 70% of women who are about to or had attained menopausal age (45 - 60 years). One indisputable fact about the effect of menopausal changes and its health implication on the productivity of a woman is that they are highly varied. Every woman experiences the effect of menopausal changes in her own way. Menopause and all its effects are not an illness but a natural process in a woman's body. These effects of menopausal change are just indicators of changes which occur in the relationship between the ovarian hormones and the hormones produced by the pituitary gland (Nugisse 2006).

Menopause alters the function of the woman's body resulting in menopausal systems termed menopausal syndrome, as estrogen levels drop dramatically during pre-menopause (Tanny, 2009). The decline of the estrogen levels results in a hormonal imbalance in the woman's body and causes health implication such as heart disease, cancer, hot flushes, night sweating, vaginal dryness, vagina bleeding, decreased libido, weight gain, lack of energy and myriad of other health issues.

Every disorientation in the human system has its health implications. When adequate awareness is created and remedies are proffered, these health implications will be drastically reduced and

its effect will be minimal. Going by the sensitive nature of this life changing circle in women, the investigation of the health implication is imperative (Kosier, 2008). The implication may be overwhelming hence; this researcher wants to seek the identification of the health implications of menopausal changes on female teachers of 45 - 60 years to proffer solutions to enhance performance level and good health condition for the female teachers.

The rest of this chapter will address the statement of problem, objectives of the study, significance of the study, research questions explored by the study and operational definition of the study. Chapter two contains related literature and conceptual framework, chapter three deals with the methodology of the study, chapter four contains the analysis of the finding and chapter five comprises the discussion and results of the findings.

The aim of this study is to explore menopausal changes and how it affects the Job productivity of female teachers. Naturally, menopause occurs as a part of a woman's normal ageing process. All over the world, the life expectancy for women has been increasing; however, the age of menopause all over the world remains almost the same, approximately between 48 years and 52 years. These changes in life expectancy present a dilemma, because women are spending more years in the menopausal period with its attendant changes and health implications (Tanny, 2009).

According to the natural survey on health in 1955, the rate of emotional depression from menopausal changes is devastating. At 5 years interval in 1964, research recorded 51% of depression among menopausal women and in 10 years it was 70% (Kellum and hesericked, 2006).

In 2006 (Estes and Christian) recorded 77% depression rate at 5 years and 60% depressive rate at 10 years. In 2008, Freinglass recorded 94% depressive rate at 5 years and 82% depressive rate at 10 years.

Research conducted in 2010 and 2011 by 'The Women's Health Initiative of the American National Institution of Health, and the Study by the 'United kingdom Cancer Research and National Health Services' indicated that cancer is a vulnerable implication of menopausal changes, while other studies have also identified a number of risk factors associated with menopause. This study was therefore, aimed at investigating the menopausal changes and the health

implication on the productivity of female teachers in Eku community, to ascertain if the health implication of menopausal changes amongst female teachers in Eku community can be prevented and to determine strategies that can improve the coping mechanism to the menopausal changes experienced by female teachers in Eku community.

The study was guided by the following research questions:

- What menopausal changes do female teachers in Eku community public schools experience?
- How do female teachers in Eku community public schools observe their menopausal changes?
- What are the health implications of menopausal changes amongst female teachers in Eku community?
- How can the health implication of menopausal changes amongst female teachers in Eku community be prevented?
- What are the strategies that can improve the coping mechanism of symptoms resulting from menopausal changes?

Review of Literature

According to Barton [1] the word menopause literally means the end of the monthly cycles from the Greek word pauses (cessation) and the root men (month), because the word menopause was created to describe this changes in human female where the end of fertility is traditionally indicated by the permanent stopping of monthly menstruation or menses.

Menopause is a term used to describe the permanent cessation of the primary function of the human ovaries, the ripening and release of the ova and the release of hormones that causes both the creation of the uterine lining and the subsequent shedding of the uterine lining (menses) [2].

Menopause is an unavoidable change that every woman must and will experience assuming she reaches middle age and beyond (Butcher, 2013). The symptoms may last for about 10 years but with the average of 5 years depending on the individual (Bracy, 2008).

Menopause can be defined as the time when a woman permanently stops having menstrual periods. It is not a disease but

merely life's natural transition from the reproductive to the non-reproductive phase of a woman's life (Maturitas, 2009).

However, menopause cannot be satisfactorily defined as permanent stopping of menstrual periods because it is what happens to the ovaries that is key to menopause as opposed to what happens to the uterus which is secondary.

Lippincott Williams and Wilkins (2009) defined menopause as a process of rapid decline of the females hormones (estrogen). The term menopause means the cessation of the menstrual cycle. Climacteric is the long period during which ovarian activities gradually ceases. It is also called the change of life.

World Health Organization (WHO) (2012) also asserts that the average age at menopause is approximately 50 years, with a possible wide variation between developed and developing countries.

There two main types of menopause, natural or physiologic menopause occurs s part of a woman's normal ageing process. It marks the end of a woman's potential child bearing years brought on by the ovaries gradually slowing down their function. Follicle stimulating hormone (FSH) is a hormone produced by the brain and it is responsible for stimulating the growth of the woman's egg.

As menopause approaches, the remaining eggs become resistant to FSH (hence FSH level increased) and the ovaries reduces their production of estrogen significantly (hence estrogen level decreases). It is this fluctuating and rapid declining estrogen level that is responsible for many of the symptoms associated with menopausal changes (Richard, 2008). While the induced menopause can be caused by surgical removal of both ovaries and disruption in normal ovarian function due to chemotherapy or radiotherapy. The surgical removal of the ovaries is called oophorectomy.

According to Sharon and Idolia (2009), menopause maybe precipitated by severe infection or tumors of the reproductive tract and that regardless of the cause, menopause result in deficiency or absence of estrogen.

Health implication of menopausal changes

Various health problems or implications have been revealed as associating factors or threats to the lives of women; some of which include:

- **Heart disease:** Many women take heart disease as men's disease. In reality, disease of the heart and circulatory system (cardiovascular system) are the number one killer of women in north American. After age 55, more than half of all death in women is caused by cardiovascular diseases. The risk of this disease increases after menopause.
- **Diabetics:** With diabetes, either the body doesn't produce enough insulin or the cells aren't able to use the insulin or a person is so over weight that normal insulin production is inadequate. Insulin transports the glucose from circulatory blood into cells. This is necessary for them to utilize glucose, the basic fuel of the cells. When glucose doesn't go into the cells, it builds up in the blood. If a fasting blood sugar level is above 126 mg/dl, diabetes is diagnosed (Santoro, 2007).
- **Osteoporosis:** Postmenopausal osteoporosis is a skeletal disorder in which bone strength has weakened to a point where the bone is fragile and at a high risk for fractures.

Bone strength and the fracture risk are dependent on both quality and bone mineral density. Risk for this disorder increases after menopause [3].

- **Cancer:** Menopause is not associated with increased cancer risk. However, some cancer rates typically increase with age, so post menopausal women should be informed about the most common cancer that may affect them. Also, some of the therapies used to treat menopause symptoms are associated with an increased or decreased risk for certain type of cancer.

Strategies to reduce the health implication of menopausal changes

Eating well balanced diets

Metabolism slows with age, which means a woman needs to eat less kilojoules or participate in more physical activities to avoid putting on weight. A balanced diet with regular exercise will assist women in maintaining a healthy weight.

Exercise regularly

Regular weight bearing exercise (such as walking, jogging, dancing) can help slow bone loss.

Aerobic exercise (which increases the heart rate) is required for cardiovascular health and strength and flexibility exercise are useful in maintaining muscle tone and keeping the bodies joint, ligaments, muscles and tendons mobile.

Stress management

Stress management strategies are beneficial at menopause as stress can interfere with proper functioning of the adrenal glands. The adrenal glands assist in the production of estrogen after menopause so it is important for it to work effectively. Activities such as relaxation, regular exercise are good examples of stress management strategies. They all help relieve built up tension and have a calming effect on the mind.

Making sex comfortable

If dryness and thinning of the vaginal tissue has made penetrative sex uncomfortable, a water based lubricant KY jelly or even saliva can be helpful. Other strategies such as taking more time, using massage and sex aids and including sexual activities which are not focused on penetration can also be helpful.

Local hormone replacement therapies (in the form of a cream or pessary placed on the vagina) can also assist.

Pelvic floor exercise

These exercises strengthens the pelvic floor and can assist women who experience stress incontinence. Stress incontinence is characterized by the leaking of a small amount of urine with exertion (eg, while coughing, sneezing, laughing, lifting heavy objects or during physical activities). The exercise are designed to work three different parts of the pelvic floor muscles. The muscle that control urine flow, the muscle that control the anal sphincter (muscle around the anus) and the muscle that surrounds the urethra and vagina. As some women have difficulty locating the appropriate muscles and performing the exercise correctly, seeking assistance from a health care provider (e.g. physiotherapist) to learn the correct techniques which is often recommended (Jerylenn, 2013).

Empirical review

In the 90's the concept of menopausal change as risk has been strengthened by the biomedical relationship with disease and ageing. The association of menopausal changes with heart disease and

osteoporosis established in the 1980's has been supplemented by association on the medical literature of menopause with dementia-Alzheimer disease, urinary/genital problem and bowel cancer in the 90's till present (Wren, 2008).

According to Tnibell (2011) he carried out a study on barriers to osteoporosis prevention in perimenopausal and post menopausal women and the result indicated that the sample lacked proper information about the age related. The study finds out that 90% post menopausal women are prone to osteoporosis, 70% genetically prediagnosed but only 40% were neither predisposed nor prone to osteoporosis.

Another study that was conducted by Mah (2008) on knowledge attitude of women on menopause and hormone replacement therapy (HRT) is a finding that over 90% of the participants understand the meaning of menopause, 89% could define the age range for menopause and only 7% have shown low use of HRT Ballard (2007), sought to understand how women perception of risks in relation to menopause-related diseases shaped their decision making processes with regards to the use of HRT for preventive purposes. Interviews with 32 women produced a dual conception of Risk-Risks that existed at the collective level and that which existed at the level of the individual. Women recognized that as collective, they were at increased risk of osteoporosis and heart disease. However, at an individual level, calculating their own risk on the basis of family history and life style, women did not consider themselves to be personally at risk of menopausal related diseases. Among women who did perceive themselves to be at risk of menopausal-related disease, many believed that HRT simply served to remove one risk and replace it with another (Ballard 2008).

Hvas (2010), notes that simply being conceived of as a deficiency syndrome, the menopause can be viewed as a complex transition involving biological, psychological, social and cultural factors. Hvas, Thorsen and Sondergaard (2010) notes that doctors most frequently encounter women with more significant menopausal symptoms thereby serving to create a bias among doctors, casting the menopause in an overly negative light. Hvas (2010) argues that to simply focus on the severe symptoms of the menopause and on the diseases which women may experience in later life, serve to create a negative picture of middle age women, a picture which is often at variance with their own experiences. Out of the 393 wom-

en who answered an open ended section on a questionnaire, almost half (194) identified positive aspect to the menopause. Similarly in Hvas's (2012) later research, 23 of the 24 menopausal women involved mentioned positive experience of growing old.

Carolan (2008), interviewed six post menopausal Irish women. Although the women accepted that menopausal symptoms could create nuisance, nonetheless, they perceive it as normal process of ageing and they unanimously asserted that the menopause did not affect their lives to any significant degree (Carolan 2008).

According to Winterich (2009), past research has found that after the menopause, some women experience negative changes such as vaginal dryness and decreased libido. She notes that much of this research is from a bio-medical perspective and tends to be rooted in the underlying assumption that menopause is a time of negative change. Winterich (2009) conducted 30 in- dept interviews with heterosexual and gay women exploring how menopausal changes impacted on their experience of sex. Heterosexual women may experience more constraint in terms of cultural ideas about heterosexual sex, where male satisfaction is privileged over that of the female partner.

Ballard., *et al.* (2008) agree noting that menopause is often just one of the multitude of changes which occur during a woman's midlife. They collected data from women aged 47 and 50 years, 65% of whom made comments in relations to other events ranging from caring for elderly relatives, changing relationship and employment to financial circumstances that framed women's experience of the menopause. Menopause was perceived to be of less importance than the social and other health experiences which occurs concurrently in their lives.

Morris and Symonds (2010) notes that women felt that their public role in the workplace was one of the areas most affected by the menopausal symptoms experienced. For this reason, many women found keeping up appearances at work a particular challenge. They employed a variety of management strategies ranging from self-monitoring to monitoring of their environment to enable them perform their daily routine with minimal disruption.

Theoretical framework

The framework of this study is that of Sister Calister Roy which states that the man is an adaptive system which has inputs of stim-

uli and adaptation level output as behavioural responses that serve as feedback - A process known as coping mechanism.

Due to the biopsychosocial being of human (man and woman) who exist within an environment and has interaction with the environment, they require continual adaptation. This is a constant and continual process of change that must occur along the time continuum beginning from birth and ends at death.

This continual adaptation depends upon the stimuli or stresses to which humans are exposed to a level of his/her adaptation. A person's adaptation level will determine whether a positive response to the internal or external stimuli will be elicited.

These adaptation levels are determined by three categories of stimuli namely:

1. **Focal stimulus:** It is the degree of change immediately confronting the individual and the one to which the individual must make an adaptive response. The object attracts one's attention and a degree of change that precipitates adaptive behavior which must cause adaptive responses.
2. **Contextual stimuli:** These are all other stimuli of the person's internal and external world that can be identified as having a positive or negative influence on the situation.
3. **Residual stimuli:** These are the classes of stimuli to which responses are adapted. The coping mechanism is regulated by the autonomic neuro- endocrine responses based on cognator or regulator. Her model considers internal or external factors having an undeterminate effect on the person's behavior. Such factors are believes, attitude experience or traits.

The adaptation level embodies the regulator and cognator mechanism to be sub system of the person as an adaptive system both internal and external. Maximal use of coping mechanisms broadens the adaptation level of the person and increases the range of stimuli to which the person can positively adapt to.

Sister Calister Roy defines the goals of nursing as the promotion of adaptive responses in relation to patient's adaptive mood which are:

- Physiologic function

- Self-concept
- Role of function
- Interdependence.

Thus, the adaptive responses are those that mainly affects health. The response to stimuli serves to maintain the total integrity of the individual.

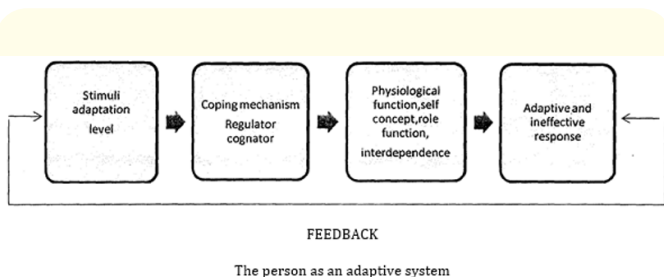


Figure 1

Application of the theory to the study

The Calister Roy adaptation theory views humans as biopsychosocial beings who are in constant interaction with their environment and this interaction depends on the stimuli or stressors to which humans are being exposed to, which could come either from internal or external environment.

The menopausal era is a transition period whereby the woman is confronted with a lot of stress both internal and external which could make her react either by being depressed or easily irritable or may also present with various forms of symptoms like: hot flashes, night sweat, mood changes, insomnia etc.

With insight into the menopausal changes and it's health implication, it will help or make the women to be able to adapt well to menopausal changes. They will. know what to do and the measures to take to ameliorate the symptoms. The ability for the woman to adapt to the stressors at this point is essential [4].

Subjects and Methods

A descriptive non-experimental design using questionnaire was employed for this study. The research setting is Eku community which is one of the 25 Urhobo Kingdom in Delta State. Eku is a com-

munity in Ethiopia East Local Government Area. Eku is bounded to the front by Igun community to the back by Sanubi Community to the right by River Ethiopia and to the left by the Samagidi Community. Their major occupation are farming and trading. The target population for this study are the female teacher in Eku Community between the ages of 45 - 60 years. A sample size of 100 female teachers between the ages 45 - 60 years were used for this study, using random sampling technique. Self-developed and self-administered questionnaires were used for data gathering. The questionnaire included demographic data, respondent information on menopausal changes and its health implication on female teachers in Eku community.

The collected data were analyzed and represented using tables, frequency, percentage pie chart and bar charts to aid comprehension of parameters, charts and percentage. Chi-square was used to test the hypothesis. Data was analyzed and graphically presented.

Results

Section A: Demographic data

Chart A: Pie chart showing age distribution.

The pie chart above show the demographical data distribution of the respondents. From the table 1 of age distribution: it was observed that 50 (50%) of the respondents were within the age of 45 - 50 years, 37 (37%) of the respondents were within the age of 51 - 55 years, 13 (13%) of the respondents were within the age of

56 - 60 years and no respondent falls between the ages of 61 years and above.

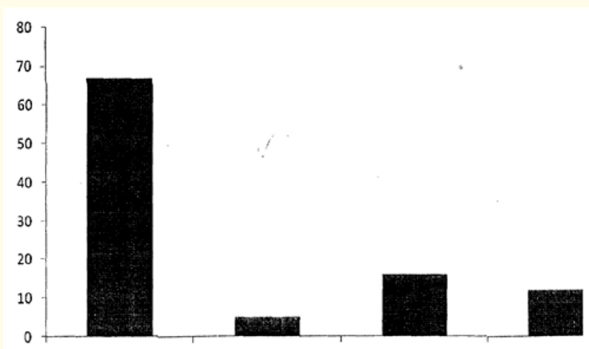


Chart B: Bar chart showing distribution of religion.

The bar chart shows the religion distribution of respondents, and it was observed that 67 (67%) of the respondents were Christians, 5 (5%) were Muslims, 16 (16%) practiced African Traditional Religion, 12 (12%) of the respondents practiced other religions.

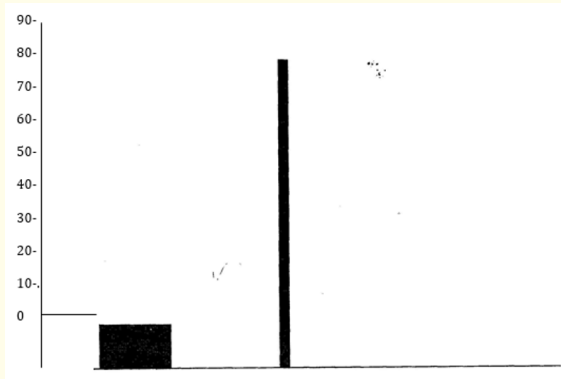


Chart C: Bar chart showing distribution of marital status.

The above bar chart shows that 12 (12%) of the respondents are single, 83 (83%) married, and 5 (5%) divorced

Section B: Items on menopausal changes

The table shows that 81 (81%) of the respondents observed it when they reached menopause, while 19 (19%) did not.

Response	Frequency	%
Yes	81	81%
No	19	19%
Total	100	100%

Table 1: Respondents who noticed when they approached menopause.

Response	Frequency	%
Hot flushes	9	9%
Night sweats	43	43%
Emotional depression	19	19%
Vaginal dryness	6	6%
Weight gain	9	9%
Urinary incontinence	14	14%
Total	100	100%

Table 2: Distribution of respondents by symptoms experienced.

The above data representation shows that 9 (9%) respondents had feelings of hot flushes, 43 (43%) respondents had feelings of night sweats, 19 (19%) had feelings of depression, 6 (6%) had vagina dryness, 9 (9%) had weight gain while 14 (14%) urinary incontinence.

Response	Frequency	%
High blood pressure	53	23.6%
Diabetics mellitus	44	19.5%
Bone fracture	8	3.6%
Back pain	15	6.7%
Vaginal infection	10	4.4%
Sleep disturbance	37	16.4%
Depression	58	25.8%
Total	225	100%

Table 3: Distribution of respondents showing associated conditions that affected their life in any way.

53 (23.6%) of the respondents had high blood pressure, 44 (19.5%) had diabetics mellitus, 8 (3.6%) had bone fracture, 15 (6.7%) back pain, 10 (4.4%) vagina infection, 37 (16.4%) sleep disturbance while 58 (25.8%) of the respondents had depression, the

table also showed that, most respondents experienced more than one symptoms.

Response	Frequency	%
Yes	63	63%
No	37	37%
Total	100	100%

Table 4: Distribution of respondents whose relationships were affected by menopausal changes.

63 (63%) respondents indicated that menopausal changes affected their relationship with their husband and friends, while 37 (37%) respondents said menopausal changes did not affected their relationship with their husbands, family or friends.

Response	Frequency	%
1-3years	26	26%
4-6years	22	22%
7-9years	18	18%
10-12years	14	14%
13-15 years	20	20%
Total	100	100%

Table 5: Distribution showing how long respondents had experienced these menopausal changes.

26 (26%) respondents had experience these changes for 1 - 3 years, 22 (22%) respondents had experience these changes for 4 - 6 years, 18 (18%) had experienced these changes for 7 - 9 years, 14 (14%) had experience these changes for 10 - 12 years and 20 (20%) of the respondents had experienced these changes for 13 - 15 years.

Response	Frequency	%
Yes	63	63%
No	37	37%
Total	100	100%

Table 6: Distribution of respondents by possible hospital admission due to symptoms.

63 (63%) respondents have been admitted in the hospital for menopausal changes, but 37 (37%) of the respondents did not have same experience.

Distribution of respondent by self image and self esteem

Response	Frequency	%
Yes	59	59%
No	41	41%
Total	100	100%

Table 7: Respondents who believed their beauty was altered by menopausal changes.

More of the respondents, 59 (59%) believe they are no more beautiful due to menopausal changes, while 41 (41%) respondents do not believe that menopausal changes have altered their beauty.

Response	Frequency	%
Yes	63	63%
No	37	37%
Total	100	100%

Table 8: Distribution of respondents who feel their skins are adversely affected by menopausal changes.

A significant percentage 63 (63%) of respondents feel they have increased dryness of skin due to menopausal changes while 39 (39%) respondents do not share the same perception.

Response	Frequency	%
Yes	69	69%
No	31	31%
Total	100	100%

Table 9: Respondents who perceive increase in hair loss.

The table reveals that 69 (69%) respondents perceive an increase in hair loss and reduced hair strength in relation to menopausal changes and 31 (31%) respondents perceive otherwise.

The table reveals that 61 (61%) of respondents experience sudden angry bouts and upset without reason and 39 (39%) respondents who do not get angry and upset without a reason.

Response	Frequency	%
Yes	61	61%
No	39	39%
Total	100	100%

Table 10: Distribution of respondents by sudden/irrational burst of anger due to menopausal changes.

Response	Frequency	%
No	66	66%
Yes	34	34%
Total	100	100%

Table 11: Distribution of respondents by perceived good memory function even at menopause.

The table shows that a significant percentage 66 (66%) of respondents perceive their memory to be as good as before the onset of menopausal changes while 34 (34%) of respondents differ.

Hypothesis testing

There is no significant relationship between menopausal changes and its health implication on productivity of female teachers in Eku community public schools.

Chi-square (X), formula was used to test for hypothesis. A total of two columns and two rows were created using response obtained from question 2 and 4 and was used to test the hypothesis.

$$X^2 = \frac{\sum (fo-fe)^2}{fe}$$

Where:

fo = Frequency Observed

fe = Frequency Expected

Σ = Summation

Cell 1	Cell 2	Total
81	19	100
Cell 3	Cell 4	
63	37	100
Total=144	56	200

Table 12

$$\text{For cell 1} = \frac{RT \times CT}{GT} = \frac{144 \times 100}{200} = 72$$

$$\text{For cell 2} = \frac{RT \times CT}{GT} = \frac{56 \times 100}{200} = 28$$

$$\text{For cell 3} = \frac{RT \times CT}{GT} = \frac{144 \times 100}{200} = 72$$

$$\text{For cell 4} = \frac{RT \times CT}{GT} = \frac{56 \times 100}{200} = 28$$

Fo	Fe	Fo - fe	(Fo - fe) ²	$\frac{(Fo - fe)^2}{Fe}$
81	72	9	81	1.1
19	28	-9	81	2.9
63	72	-9	81	1.3
37	28	9	81	2.9
Total = 144		0	324	8.

Table 13

$$\text{Therefore } X^2 = \frac{\sum (fo-fe)^2}{fe} = 8$$

$$\text{Degree of freedom (Df)} = (r-1) (c-1)$$

Where,

r = Number of row

c = Number of column

$$Df = (r-1) (c-1)$$

$$= (2-1) (2-1)$$

$$= (1)(1)$$

Degree of freedom = 1

Calculated value = 8

Critical value = calculated value - Degree of freedom

$$= 8-1=7$$

Since the calculated value is greater than the critical value, the null hypothesis is rejected which means that there is a significant

relationship between menopausal changes and its health implication on productivity of female teachers in Eku community public schools. Calculated value is 8 greater than critical value of 7.

Discussions

The findings of Morris and Symonds (2010) corroborates a lot of the findings of this study. In their study noted that women felt that their public role in the workplace was one of the areas most affected by the menopausal symptoms they experienced. For this reason, many women found keeping up appearances at work a particular challenge. They employed a variety of management strategies ranging from self-monitoring to monitoring of their environment to enable them perform their daily routine with minimal disruption.

From the analysis of data of this study, it was revealed that the relationships of majority of the respondents was affected by menopausal changes, as shown in the findings, 63 (63%) of the respondent indicated that their relationships were affected by menopausal changes. Majority of the women that experienced menopausal changes indicated that among other things they also experienced memory loss. Findings revealed that 66 (66%) of the respondents' memories were no more as good as it was before the onset of menopause. It was also discovered that 61 (61%) of the respondents easily got upset and had anger bouts even without a reason. This therefore indicates that this irrational anger could affect their work performance and reduce productivity.

From table 5 (u) it was also elicited that 54 (54%) of the respondents have been admitted in the hospital for menopausal changes. Frequent admission in the hospital will reduce their input in classroom activities.

To a lot of females, the climacteric or menopausal period signifies aging process. The reason why women often interpret menopause in this way is centered around the experience of loss.

Menopause need not signal the end of a woman's usefulness in life unless the individual so chooses. The symptoms also are mostly not for life as they wear off after some years though individualized from 1 - 15 years with the average of 5 years (Bracy, 2008).

Some of these women feels they are no longer useful due to the skin changes, loss of beauty, mental and physical disabilities.

It is the responsibility of the nurse to health educate them on the need for self-worth and self-esteem. Some may verbalize their fears but some may not, so the nurse should be observant.

The nurse should find out what their concerns are and how they are coping. Also, the nurse should be alert to observe symptoms of depression among menopausal women around her in the community. Depression can be so incapacitating that the patient may be unable to carry on with any of her usual activities and this will lead to severe health implication.

The nurse should educate such clients on regular bath and exercise to look good and smart and encourage them to involve themselves in activities outside school hours like going for meeting in the church or visitation instead of brooding over the mirror and feeling worthless, useless and hopeless as they indulge in activities, time should be set aside for rest to avoid mental and physical exhaustion. They should be encourage to take enough fruits and vegetable and to reduce fats and mineral in their diet in order to control weight.

The nurse should also encourage those on treatment especially hormone replacement therapy to keep to appointment. This also applies to those with serious health implications like hypertension, diabetes, osteoporosis and cancer [5-13].

Recommendations

Female teachers should be involved in sport activities. There should be formation of menopausal group/association for the women in the community where they can have seminars and discussions on issues of menopause affecting them and proffer solutions to challenges of members. The nation would also do well to look at menopausal health implication on female workers as it impinged on the Nation's economy.

Conclusion

Menopausal changes pose a big challenge to women in their middle age. For women of menopausal age to be healthy, they need not only physical healthiness but psychological as well. A good number of women who suffer psychological symptoms, also suffer from its attendant side effects, sure as weight gain, increased blood pressure, muscle and joint pain, feeling dizzy and faint, back pain, worrying needlessly and irritability. Most of the women consider

the symptoms to be result of their aging and increasing responsibilities instead of menopause, and so most women treat these changes with levity and fail to seek appropriate medical help. Most women in this part of the world still exhibit a negligent attitude towards their health, resulting in the neglecting of medical check-ups. A multidisciplinary approach towards studying menopause related problems needs be adopted. The health care services required by women and the diseases to which they are susceptible differ with the stages of life. The health implication of the Menopausal changes as reviewed in this study are the risk of heart diseases, diabetes, osteoporosis, cancer etc. which are conditions that could result from the various symptoms observed from the study. It is therefore imperative that the government and non-governmental agencies make concerted efforts to establish and promote 'Well Women Clinics' in every community, in order to effectively enrich the lives and health of women, and invariably the Nation.

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